

Aerial Applicator Consultant Registration  
For Iowa Commercial Aerial Pesticide Applicator

**2016**

Iowa Department of Agriculture and Land Stewardship (IDALS) Pesticide Bureau – Wallace Building 502 East Ninth Street - Des Moines, IA 50319-0051  <b>PHONE</b> 515-281-5601 <b>FAX</b> 515-242-6497 <b>WEBSITE</b> <a href="http://www.iowaagriculture.gov/pesticides.asp">http://www.iowaagriculture.gov/pesticides.asp</a>	<b>IDALS USE ONLY</b> <b>Consultant ID No.</b>  This form is to be completed by the Aerial Applicator <b>Consultant</b> and submitted by the Aerial Applicator as documentation in support of application for licensure.
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Please Type or Print

<b>Consultant Name</b> (Last Name, First Name, Middle Initial)			
Iowa Commercial Certification Number		Expiration Date: 12/31/	
Consultant's <b>HOME</b> Address:		Home Phone: (      )	
Consultant's <b>HOME</b> City, State & Zip Code			
Employed by, <b>Business Name:</b>			
<b>Business</b> Physical Address: (no PO Box addresses allowed)			
<b>Business</b> City, State, Zip			
<b>Business</b> Phone: (      )		<b>Business</b> Fax: (      )	
Cell Phone (      )		Email Address	
Iowa Commercial <b>Pesticide Applicator License</b> Number ( <i>Company</i> ) (if none, mark "N/A")		Expiration Date 12/31/	
Iowa <b>Pesticide Dealer License</b> Number ( <i>Company</i> ) (if none, mark "N/A")		Expiration date 6/30/	
<b>Check each box that represents a true statement:</b> <input type="checkbox"/> I am an owner or employee of a corporation, association, partnership, company or firm, which maintains a physical place of business located in Iowa. <input type="checkbox"/> I am certified in category 11 – Aerial Application. <input type="checkbox"/> I do not operate agricultural aircraft. <input type="checkbox"/> I own and operate, or am employed by an Iowa-based company that owns and operates, agricultural aircraft registered with the Iowa Department of Transportation. ( <i>Contracting of services <u>does not</u> constitute employment for purposes of this rule.</i> )			
I will be coordinating aerial application work for the following: (one applicator/license per form)			
<b>Aerial Applicator Name (pilot)</b>		Pilot's IA <b>Certification</b> Number	
Pilot's business name, address, including city and state		Pilot's IA <b>License</b> Number	

☐ Check here if additional pilots are listed on the reverse side of this document

*I verify that the above information is true and have agreed to act as the aerial applicator consultant for the above-named aerial applicator applying pesticides in Iowa for the licensing year noted on this form, in accordance with 21 IAC 45.22(17).*

Consultant Signature

Date Signed

*Previous versions of this form are obsolete.*

--Page 2--

Consultant Name: \_\_\_\_\_ Consultant Certification Number: \_\_\_\_\_

**NOTICE:**

All the aerial applicators that you have listed as working with you (as an aerial consultant) will **remain in our records** UNTIL you notify IDALS **in writing** that you wish to remove any of them from your list of pilots. Fax (515) 242-6497. Email: [Tammy.Green@IowaAgriculture.gov](mailto:Tammy.Green@IowaAgriculture.gov)

I will also be coordinating aerial application work for the following:

<b>Aerial Applicator Name (pilot) -</b>	Pilot's IA <b>Certification</b> Number
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②

Pilot's business name, address, including city and state

Pilot's IA **License** Number

<b>Aerial Applicator Name (pilot)</b>	Pilot's IA <b>Certification</b> Number
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③

Pilot's business name, address, including city and state

Pilot's IA **License** Number

<b>Aerial Applicator Name (pilot) -</b>	Pilot's IA <b>Certification</b> Number
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④

Pilot's business name, address, including city and state

Pilot's IA **License** Number

<b>Aerial Applicator Name (pilot) -</b>	Pilot's IA <b>Certification</b> Number
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⑤

Pilot's business name, address, including city and state

Pilot's IA **License** Number

<b>Aerial Applicator Name (pilot)</b>	Pilot's IA <b>Certification</b> Number
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⑥

Pilot's business name, address, including city and state

Pilot's IA **License** Number

***I verify that the above information is true and have agreed to act as the aerial applicator consultant for the above-named aerial applicator(s) applying pesticides in Iowa for the licensing year noted on this form, in accordance with 21 IAC 45.22(17).***

\_\_\_\_\_  
Consultant Signature\_\_\_\_\_  
Date Signed